

Effective Date: January 12, 2011

CRITERIA FOR PRIOR AUTHORIZATION

Progesterone(Crinone®)

PROVIDER GROUP: Pharmacy
Professional

MANUAL GUIDELINES: The following drug(s) require prior authorization:
Progesterone (Crinone®)

CRITERIA for Progesterone: (must meet all of the following)

- Patient must be 18 years of age or older.
- Patient must have a diagnosis of secondary amenorrhea.

Prior authorization will be approved for 6 (six) months.

NOTE: Use of Crinone will **NOT** be approved for fertility purposes.